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ABSTRACT

This paper was written to provide nurse educators with strategies for implementing multicultural concepts into their nursing programs. Administrators are urged to design their total educational process and educational content to reflect a commitment to cultural pluralism, in which traits of nonmainstream cultures are treated as differences rather than deficiencies. Such an approach helps all students develop more positive attitudes toward cultural, racial, ethnic, and religious groups and helps students from victimized groups develop confidence in their ability to succeed academically and to influence societal institutions. Nurses need to understand how cultural differences affect their clients' behaviors and attitudes, in order to have an impact in transcultural work. Nine specific knowledge areas that nurses should acquire to practice nursing from a multicultural perspective are outlined. Among them are: knowledge of cultural views on pregnancy; knowledge of culturally relevant information related to specific diseases; and knowledge of religious variations in relation to dying, bereavement, euthanasia, and other ethical and moral issues. Nursing education faculty and administrators are encouraged to assess existing programs for elements of multicultural education. A suggested guideline is presented, addressing such elements as program atmosphere, materials, and self-understanding. (Contains 10 references.) (JDD)

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Implementing the Multicultural Education Perspective into the Nursing Curriculum

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Abstract

Nurse educators are faced with the challenge of implementing educational programs that value the diversity of students and that positively portray this diversity at the same time meeting the overall goals of the institutions. The literature showed that with the implementation of this concept, the curriculum and instruction will be changed to produce an awareness, acceptance, and affirmation of cultural diversity. This article was written to provide nurse educators with strategies for implementing the multicultural concept into their nursing programs. An outline of essential knowledge, a guideline for critiquing a nursing education program, theory, justification for the approach were presented.

Implementing the Multicultural Education Perspective into the Nursing Education Curriculum

Educational institutions play a major role in shaping the attitudes and beliefs of the youth in the nation. The overall goal of these institutions is to prepare each generation to assume the obligations and responsibilities of a productive citizen. Today's school population represents a multicultural group. These people come from different ethnic backgrounds, classes, religions, and native languages. Educators are, therefore, faced with the challenge of implementing educational programs that value this diversity and that positively portray that diversity at the same time meeting the overall goals of their institutions.

Traditionally, nursing education programs have been guided by the principles of the middle-class white segment of our society and have been aimed at helping prospective nurses to function effectively within that group. Wuest (1992) identified two major explanations for this reluctancy to move more aggressively in implementing the multicultural approach to nursing education from the literature. She deduced the following reasons: (1) nurse educators often lack the preparation and knowledge base required to include theory and experience in this field, and (2) the school's location has an influence on the opportunity to practice transcultural nursing and to see it in operation by experience nurses.

In facilitating the progress of society from one of cultural singularism to one of cultural pluralism, administrators and faculty must provide leadership of individuals commitment to a social system where individual worth and dignity are fundamental tenents; thus, requiring nursing school administrators to design their total educational process and educational content to reflect a commitment to cultural pluralism. The task of achieving this goal is difficult, but not impossible. The challenge lies in the attitudes of the people toward the value of a culturally diverse society. As a result, cultural differences will be treated as differences rather than deficiencies.

Purpose

The need for our educational system in general to adopt the multicultural approach is not a new concept. It refers to the actualization of cultural pluralism in the schools (Heward and Orlansky, 1992). With the implementation of the multicultural concept, the curriculum and instruction are changed to produce an awareness, acceptance, and affirmation of cultural diversity (Grant and Sleeter, 1989). Additional benefits of the multicultural education approach were identified by Banks (1989), a leading developer and advocate of the multicultural education program. Banks (1989) presented the following major goals of the approach:

1. To increase the academic achievement of all students.
2. To help all students develop more positive attitudes toward different cultural, racial, ethnic, and religious groups.

3. To help students from victimized groups develop confidence in their ability to succeed academically and to influence societal institutions.
4. To help all students learn to consider the perspectives of other groups. (pp. 2 - 6)

Justification

Excluding the descendents of the native-born American Indians, Eskimos, and Hawaiians, every American is a descendent of immigrants. Obviously, it would be a misconception to hypothesize that all Americans are molded to the same pattern. The American population represents a wide range of ethnic and racial groups, backgrounds, experiences, customs, and ideologies. It would seem obvious that faculty can no longer teach all students in the classroom as if they have the same needs, values and aspirations. They have different needs and skills that must be recognized in developing educational and health care programs. These programs must reflect their differences in physical and mental abilities, age, sex, socioeconomic status, religion, language, beliefs, and ethnicity or national origins.

Also, with the advancement in transporation technology, distances between far points in the world seem closer. Vastly different cultural groups are no longer separated by oceans or mountains. As a result, there are large numbers of visitors from other countries using our country's

various public and private facilities. As the nurse works in the main areas of health care, the nurse can expect to have clients from many cultures. Therefore, the nurses must become actively involved in bridging cultural gaps and increasing understanding among human beings (Hamer and Joseph, 1986).

Why Should Nurses Be Concerned About Diversity Within Their Client Population

As a member of a minority group, one is a victim to barriers of acceptance, to outright discrimination, to identification by stereotyping, and to being the victim of scapegoating (Garrison, Kingston, and Benard, 1967). All of these factors are reflected in the person's concept of self. Consequently, the person who grows up under such conditions may be unalterably marked by such traits as lack of self-confidence, a lack of emotional security, and distrustfulness (Garrison, Kingston, and Bernard, 1967). Also, low self-esteem is indicated by conviction of inferiority, fear of social encounters, self-consciousness, sensitivity to criticism lack of confidence, remaining in the shadows, and listening, not participating; whereas, high esteem is indicated by academic and social success, confidence and optimism. These attitudes will determine whether a group will seek health care and follow health care treatment plans. Nurses must understand how their behaviors and attitudes can affect their clients.

Less apparent than racism, but at least as serious and extensive, is eliticism manifested in the school experience. Bias possessed by teachers and children of middle and higher classes and the middle-class oriented curriculum offerings contribute to the maladjustment of children who come to school with a language, experiences, and backgrounds, that are not represented in the school's orientation of education (Garrison, et. al., 1967). Consequently, these children do not find school relevant, do not like the school environment and the learning experience and eventually become drop-outs. Eliticism, as well as racism, must be addressed in the college level curriculum. This focus must be directed toward the student on a personal level and for nursing students who are being trained to work with clients from different backgrounds and economic status. This would enpower these nursing students with a better attitude about themselves and their abilities. Additionally, nursing students will have the knowledge and skills to help enpower their clients in developing a better attitude about their own worth and potentials for happiness, peace, and health.

Leininger has written extensively concerning why nurses should take a multicultural perspective to their education and practice. She has identified problems nurses encountered in their practice when they do not recognize cultures in working with clients. For example, Leininger (1978a) found that health professionals who have little knowledge about differences in cultural values, beliefs, and practices of people have had very little impact in transcultural work. They have become frustrated

and disappointed and tend to settle back to what they were accustomed to doing with their white middle-class clients and their families. Also, they experience cultural shock which Leininger (1978a) defined as "feelings of helplessness and discomfort and a state of disorientation experienced by an outsider attempting to comprehend or effectively adapt to a different cultural group because of differences in cultural beliefs" (p. 57). Additionally, she found that the closer the new roles of health providers fit the culture, the less confused and angry the people will be about a change in health practices (Leininger, 1978a).

Finally, Leininger (1978b) wrote that understanding the cultural specific verbal and nonverbal forms of communication is extremely important. She observed that:

1. Local language use brings the nurse closer to the cultural groups and helps the nurse to understand both the subtle and major ideas being expressed.
2. By understanding the language expressions, the cultural secrets, taboos and general facts become known to the nurse.
3. It also helps the nurse to know specific aspects of the cultures's lifeways, their processes of caring, and the rationale for their care and cure activities.

The increasing diversity of the American population is requiring nurses to have a vast knowledge of the influence of culture on health.

They need to read about different cultures, study ethnic art, music, movies, plays, and creative writings, attend ethnic communities and different churches, and work and interact with people from other cultural backgrounds. It is through such long-term cultural experiences and commitment that educators, students, and nurses can most effectively overcome fear and misconceptions about a particular cultural group.

What Knowledge Should Nurses Have?

To practice nursing from a multicultural perspective, nurses should have specific knowledge about the specific needs, characteristic and differences in ideas, values, customs, and experiences of people from various racial and ethnic groups. A suggested outline of the essential knowledge includes but not limited to:

1. Knowledge about biocultural variations when assessing and planning care of clients from various ethnic and racial backgrounds.
2. Knowledge of cultural views on pregnancy, childbirth, and child rearing.
3. Knowledge of cultural variations in growth and development.
4. Knowledge of culturally relevant background information related to specify diseases, such as, hypertension, diabetes, heart disease or other long-term health problems that require changes in patterns of living.

5. Knowledge of the influences of one's culture and world view on emotions and mental health.
6. Knowledge of key aspects of transcultural pain management.
7. Knowledge of cultural variation in diet.
8. Knowledge of religious variations in relation to dying, death, bereavement, organ transplants, euthanasia, and other ethnical and moral issues.
9. Knowledge of social systems for at least the following people:
   a. African-Americans
   b. Hispanic Americans
   c. Asian-Americans
   d. Native Americans

Guidelines for Critiquing the Nursing Education Program

Nursing education faculty and administrators should assess their existing programs for elements of the multicultural education perspective. The planning and implementation phases of the program should focus on these elements that were not identified in the assessment phase. A suggested guideline which is a modification of the work presented by White and Smith (1980) includes:

Does the nursing education program:

1. create an atmosphere reflecting an acceptance of and a respect for racial differences?

2. utilize multiethnic materials to teach fundamental health care skills?
3. focus on the similarities and differences among ethnic groups?
4. help clients to better understand themselves in light of their heritages?
5. include a study of societal problems, racial group member experiences, such as racism, prejudice, discrimination, and explortation?
6. include both positive and negative aspects of ethnic group's experiences?
7. examine the diversity within each ethnic group's experience?
8. help students develop sound knowledge, concepts, and generalizations concerning people of different heritages?
9. utilize instructional materials which address racism, sexism, ageism, and handicapism honestly and realistically?
10. avoid instructional and guidance practices based on stereotyped and ethnocentric perception?
11. operate a library and resource center that utilize a variety of materials on the histories, experiences, and culture of many different groups?

Since nurses will see clients when they are at their most vulnerable point, these clients do not deserve to be insulted or mistreated or inadequately cared for due to differences in background or due to the lack of knowledge the nurse has about the clients cultural practices. Hence, it is important

that nurse educators cannot ignore transcultural nursing. The nurse educator and the nursing student must learn to be sensitive of cultural specific psychosocial and biological needs of clients. The multicultural education perspective will provide the knowledge and skills nurses need to make an impact in transcultural nursing care.

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